VOLUNTARY PARTICIPATION AND ASSUMPTION OF RISK AGREEMENT

**[Program] Residency Special Project**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME (PLEASE PRINT)In consideration for being approved to participate in the **[Program]** Residency Special Project in **[Location of Rotation]**, I hereby agree to the following:

1. My participation in the international rotation program is entirely voluntary. I understand and acknowledge that, while I have chosen to participate in this Special Project to gain exposure to medicine in an international setting, an international Special Project is not a requirement of my **[Program]** Residency Program. I understand that I would be able to fulfill all requirements of my residency without participating in this trip or traveling internationally.
2. I acknowledge that foreign travel may entail risks of personal and/or bodily injury, property loss, or death, including as a result of kidnapping, criminal activity, war, terrorist attacks, lack of access to health care, food or beverage contamination, public health problems, and unsafe local transportation.
3. I acknowledge, understand, and accept the risks of travel to **[Location of Rotation],** including those listed on the attached Consular Information Sheet issued by the United States Department of State on **[Issue Date]** (receipt of which is hereby acknowledged), and that it is my responsibility to obtain current safety information on travel to, and within **[Location of Rotation]** from the U.S. State Department web page <http://travel.state.gov/>.
4. I agree to assume all risks relating to this trip and I hereby waive any and all claims against UNC Hospitals, UNC at Chapel Hill, and the UNC Health Care System for any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while I am traveling in connection with this trip, except that I do not waive any rights that I may have under the North Carolina Workers’ Compensation Act.
5. I understand that I am personally responsible for all my visa, public health and customs compliance, and that if I am not a U.S. citizen or permanent resident alien, reentry to the United States may not be automatic.

**I have carefully read this document with the opportunity to consult an attorney if I wish. I understand that it is binding on myself, my heirs, my assigns, and personal representatives.**

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| **FOR AND ON BEHALF OF THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM** |  | **RESIDENT PHYSICIAN** |
| Print Name |  | Print Name |
| Signature |  | Signature |
| Date |  | Date |